PLEASE PRINT

## STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

			1	5-171111	
I. Name of Lobbyist(s)	Richard	Boule	1 /Tylex	- Clark	
II. Name of lobbyist's par	tnership, firm or corpo	oration, if any:	' '		
Donne	chi & Ro	ulov	LLC		
(Name of	partnership, firm or corpora	ation)	7 ,		
17 Dep	ot 5th #	own/City)	oncord	$\mathcal{N}H$ (Zip)	2330  Code)
(A)  228 - 1	201_ ( )_	2,	- mail		
(Telephone)	<u>201                                    </u>	(Fax)	e-mail		<del></del>
III. This statement covers reportable expense transa	: (Choose one – file sep actions which are not a ons occurring in the mor	ttributable to a	ny one chent).		
All reportable transaction		ama prior to air		_	
	ill Name of Client as it app	wars on the lobby	ist Registration Form)		_
OR (Fu	ii Name of Cheff as it app	cars on the poor,	ist registration vol,		
All reportable transaction	ons by the lobbyist (inclu client.	uding the lobbyi	st's family), or the lo	bbying firm listed be	clow which are
	pril 25, 2018  om date of registration to	3/31/18	July 25, 2018 activity from 4/1/18 to	×5/30/18	
	ctober 31, 2018 hity from 7/1/18 to 9/30/18		January 30, 20 activity from 10/1/18 to		
V. There have been no If this box is checked, component, NH 03301.	fees received and no plete just this form and s	reportable to submit it to the S	ansactions made s Secretary of State's O	ince the last repo ffice, State House, R	rt. 02 200m 204,
VI. Check if additional re	eports are attached:				
☐ If you have received for	ees or made expenditure	es, you must file	Addendum A- Fees	and Expenses	
If you have paid an ho	onorarium or reimbursed	i expenses, you	must file Addendum	в- Кероп от нопот	ariunis oi
Expense Reimbursement	our family has made pol	litical contributi	ons, you must file Ad	dendum C- Politic	al Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and R	SA 664 and her- lief.	eby swear or affirm th	at the foregoing info	ormation is true
(Signature of lobbyist)	Bauley		<u>-07 20</u>	(Date)	
(Print Name of lobbyist)	Bouley	_ <del>_</del>			

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley Luc
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 25, 2018 ☐ July 25, 2018   October 31, 2018 ☐ January 30, 2019 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signatury of lobbyist)  (Print Name of lobbyist)